



## City of Cleveland/Cleveland Utilities

### Summary of Benefits (SLA)

### DentalBlue

Dental Option: 1

Effective Date: 8/1/2017

Deductible Calendar Year	Individual	Family
Applies to Coverage B and C only	\$250	\$750
Benefit Maximums		
Applies to Coverage B and C (per Calendar Year)	\$2,500	
Coverage D (per Lifetime)	\$1,000	
Benefit Percentages apply to	Network Providers	Non-network Providers
Covered Services	Benefit Percentages	Benefit Percentages
<b>Coverage A</b> Exams, X-rays Cleanings, Fluoride Sealants, Space Maintainers	100%	100%
<b>Coverage B</b> Basic Restorative Services Basic and Major Endodontics Basic and Major Periodontics Basic and Major Oral Surgery	70%	60%
<b>Coverage C</b> Major Restorative and Prosthodontics Implants	70%	60%
<b>Coverage D</b> Orthodontics-Child to age 18	50%	
<b>Choice Option</b>	Network Dentists paid at PPO fee schedule; non-network dentists paid at 70th percentile of UCR	
<b>National Network</b>	Included	
<b>BluePerks</b>	Discounts on routine vision care, Lasik surgery, weight loss and fitness centers, complementary/alternative medicine and more	

This document serves as a summary of the benefits that are detailed in the Evidence of Coverage. These benefits are subject to the Covered Services and Limitations on Covered Services, Exclusions From Coverage, and Schedule of Benefits sections of the Evidence of Coverage.

When applicable, benefits will be paid based on the Benefit Percentages listed above. Members will be responsible for co-insurance (when benefit percentages are less than 100%), deductible(s), and all other charges when benefit maximums have been met.

\*Members may see any dentist. We have contracted dentists in our network that have agreed to limit their charges to our fee schedule. Because we have no contract with non-network dentists, members may be responsible for any billed charges that exceed our Maximum Allowable Charge.